Regional School Unit 13
DHHS CHILD ABUSE REPORTING FORM
MAKE A COPY AND DO NOT SAVE ANYTHING TO THIS FOLDER

School:		**Current Date:**	
Student's Name:		**Date of Birth:**	
Grade:		**Age:**	

Referent Details:			
Address:		Agency:	
		Telephone #:	

Requesting Confidentiality?	Yes	No

Primary Caregiver:			
Name:			
Address:		Telephone #:	
		Work Telephone #:	

Other adults in the home:					
Name:		Relationship:		Telephone #:	
Name:		Relationship:		Telephone #:	
Name:		Relationship:		Telephone #:	

Name of child:		**DOB/Age:**		**Gender:**	
Name of child:		**DOB/Age:**		**Gender:**	
Name of child:		**DOB/Age:**		**Gender:**	

Out of home parent:			
Name:			
Address:		Telephone #:	
		Work Telephone #:	

Visitation/Custody Arrangement:
Child Care Arrangements:

Primary Language:

Native American Heritage:	Yes	No

Presenting Issue (Concern):

Domestic Violence Concerns:
Mental Health Concerns/Diagnoses:
Substance Abuse Concerns:

Service Providers:			
Address:		Agency:	
		Telephone #:	

Address:		Agency:	
		Telephone #:	

Address:		Agency:	
		Telephone #:	

Relative Resources:			
Address:		Relationship:	
		Telephone #:	

Address:		Relationship:	
		Telephone #:	

Address:		Relationship:	
		Telephone #:	

Report made to District Attorney? Yes No

Staff Member Completing Form **Date**

Building Administrator **Date**

Superintendent **Date**

Regional School Unit 13
NOTICE OF CHILD ABUSE REFERRAL

Student's Name: _____

Age:_____ **Grade:**_____

School: _____

Date: _____

In accordance with RSU 13 procedures, this notice is entered into this student's educational record as documentation of a referral made on this date to the Maine Department of Health and Human Services.

Building Administrator's Signature